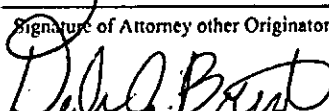


USDC
22
MORE
2:49U.S. Department of Justice
United States Marshals Service

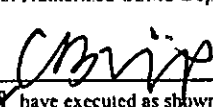

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Debra J. Brent	COURT CASE NUMBER JKB-22-1349
DEFENDANT Duncan Cramer	TYPE OF PROCESS Summons and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { John Chuck Ternent, Chief of Police	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 20 Bedford St., Cumberland, MD 21502	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Debra J. Brent 912 Yale St., Cumberland, MD 21502	Number of process to be served with this Form 285 5 Number of parties to be served in this case 5 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):	

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 240-920-4693	DATE 07/13/2022
--	---	---	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 8/8	District of Origin No. 037	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk 	Date 7/20/22
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date 8/1/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above) \$ 8.00				Signature of U.S. Marshal or Deputy 	
Costs shown on attached USMS Cost Sheet >>					

REMARKS

Service Accepted
Green card returned 8/10/22

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, on the front if space permits.

1. Article Addressed to:

John Chuck Tennant
Chief of Police

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

2. Article Number

(Transfer from service label)

111 117022 10410 0000 0613 4741

COMPLETE THIS SECTION ON DELIVERY

A. Signature

John Chuck Tennant

☐ Agent

B. Received by (Printed Name)

John Chuck Tennant

☒ Addressee

Date of Delivery

8/11/22

D. Is delivery address different from item 1?

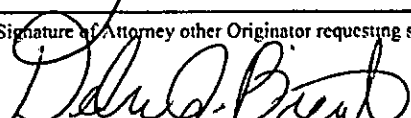
☐ Yes

If YES, enter delivery address below: ☒ NO

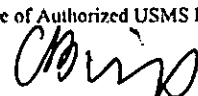
U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Debra J. Brent		COURT CASE NUMBER JKB-22-1349
DEFENDANT City of Cumberland Police Department		TYPE OF PROCESS Summons and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { John Chuck Ternent, Chief of Police		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 20 Bedford St., Cumberland, MD 21502		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Debra J. Brent 912 Yale St., Cumberland, MD 21502		Number of process to be served with this Form 285 5 Number of parties to be served in this case 5 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):		


Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 240-920-4693	DATE 07/13/2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 118	District of Origin No. 037	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk 	Date 7/20/22
---	-----------------------------	--------------------------------------	-------------------------------------	--	------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 8/1/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above) \$8.00	Signature of U.S. Marshal or Deputy 	

Costs shown on attached USMS Cost Sheet >>

REMARKS

Service Accepted
Green Card Returned 8/9/22.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN CHUCK TERNENT,
CHIEF OF POLICE
20 BEDFORD ST.
CAMBERLAND, MD
21502

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☒ Addressee

B. Received by (Printed Name)



C. Date of Delivery



D. Is delivery address different from item 1?

☐ Yes

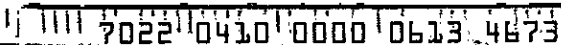
If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes


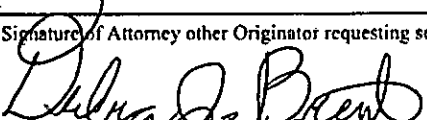
USDC
22 AUG 11 12:49 PM
MOREU.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

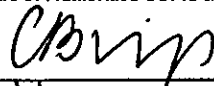

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Debra J. Brent	COURT CASE NUMBER JKB-22-1349
DEFENDANT Allegany County Emergency Services	TYPE OF PROCESS Summons and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { James Pyles, Director	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 11400 PPG Road SE, Cumberland, MD, 21502	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Debra J. Brent 912 Yale St., Cumberland, MD 21502	Number of process to be served with this Form 285 5 Number of parties to be served in this case 5 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 240-920-4693	DATE 07/13/2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 2/9	District of Origin No. 037	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk 	Date 7/20/22
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) 8,00				Date 8/2/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy 	

Costs shown on attached USMS Cost Sheet >>

REMARKS

Service Accepted
Green Card returned 8/9/22

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James Pyles Director
11400 PPG Road SE
Cumberland MD 21502

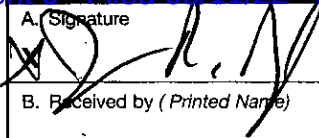
2. Article Number

(Transfer from service label)

7022 0410 0000 0613 4680

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☒ Addressee

B. Received by (Printed Name)

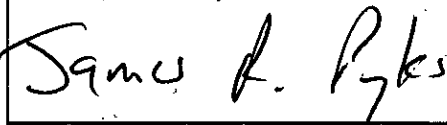
C. Date of Delivery

8/2/22

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

USDC CB
22 F.3
12:49
MORE

4

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Debra J. Brent	COURT CASE NUMBER JKB-22-1349
DEFENDANT Joshua Roberts	TYPE OF PROCESS Summons and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { John Chuck Ternent, Chief of Police	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 20 Bedford St., Cumberland, MD 21502	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Debra J. Brent 912 Yale St., Cumberland, MD 21502	Number of process to be served with this Form 285 5 Number of parties to be served in this case 5 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):	

Signature of Attorney other Originator requesting service on behalf of: <i>Debra J. Brent</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 240-920-4693	DATE 07/13/2022
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 4/8	District of Origin No. 037	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk <i>CPVip</i>	Date 7/20/22
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date 8/11/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above) \$8.00				Signature of U.S. Marshal or Deputy <i>CB</i>	

Costs shown on attached USMS Cost Sheet >>

REMARKS

Service Accepted
Green card returned 8/9/22

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

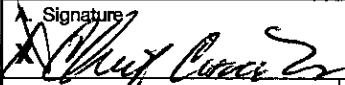
John Chuck Tennant
Chief of Police
20 Bedford St
Wimberland MD 21502

2. Article Number

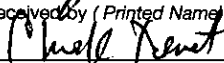
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

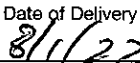
A. Signature


☐ Agent☒ Addressee

B. Received by (Printed Name)



C. Date of Delivery



D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

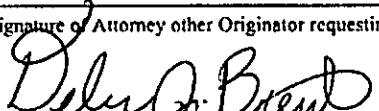

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN


See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Debra J. Brent	COURT CASE NUMBER JKB-22-1349
DEFENDANT Joshua Roberts	TYPE OF PROCESS Summons and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Joshua Roberts	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 20 Bedford St., Cumberland, MD 21502	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Debra J. Brent 912 Yale St., Cumberland, MD 21502	Number of process to be served with this Form 285 5 Number of parties to be served in this case 5 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 240-920-4693	DATE 07/13/2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 5/8	District of Origin No. 037	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk 	Date 7/20/22
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 8/1/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above) \$8.00	Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

Service Accepted
Green card returned 8/9/22

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

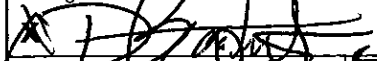
JOHNVA ROBERTS
20 Bedford St.
Cumberland MD 21502

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☒ Addressee

B. Received by (Printed Name)

JOHNVA ROBERTS

C. Date of Delivery

8/1/22

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

111 117022 0410 0000 0613 4697

U.S. Department of Justice
United States Marshals Service

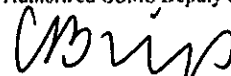
PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Debra J. Brent	COURT CASE NUMBER JKB-22-1349
DEFENDANT Andrea Bennett	TYPE OF PROCESS Summons and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Andrea Bennett	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 20 Bedford St., Cumberland, MD 21502	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Debra J. Brent 912 Yale St., Cumberland, MD 21502	Number of process to be served with this Form 285 5 Number of parties to be served in this case 5 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):	


Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 240-920-4693	DATE 07/13/2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 518	District of Origin No. 031	District to Serve No. 031	Signature of Authorized USMS Deputy or Clerk 	Date 7/20/22
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 8/1/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above) \$8.00	Signature of U.S. Marshal or Deputy 	

Costs shown on attached USMS Cost Sheet >>

REMARKS

Service Accepted
Green card returned 8/9/22

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Andrea Bennett
20 Bedford St.
Cumberland MD 21502

2. Article Number

(Transfer from service label)

1111 7022 104101 0000 0613 4710

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☒ Addressee

B. Received by (Printed Name)

Andrea Bennett

C. Date of Delivery

8-1-22

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

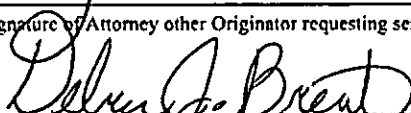
4. Restricted Delivery? (Extra Fee)

☒ Yes


USDC-5A11
22 AUG 11 10:49 AMU.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"


PLAINTIFF Debra J. Brent		COURT CASE NUMBER JKB-22-1349
DEFENDANT Andrea Bennett		TYPE OF PROCESS Summons and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { John Chuck Tement		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 20 Bedford St., Cumberland, MD 21502		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Debra J. Brent 912 Yale St., Cumberland, MD 21502		Number of process to be served with this Form 285 5 Number of parties to be served in this case 5 Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):		

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 240-920-4693	DATE 07/13/2022
---	---	---	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 618	District of Origin No. 037	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk: 	Date 7/10/22
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) 418.00	Date 7/11/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy 

Costs shown on attached USMS Cost Sheet >>

REMARKS

Service Accepted

Green card returned 8/9/22

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John Chuck Tennent
20 Bedford H.
Cumberland MD 21502

2. Article Number
(Transfer from service label)

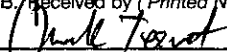
7022 0410 0000 0613 4727

COMPLETE THIS SECTION ON DELIVERY

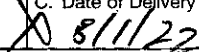
A. Signature


☐ Agent☒ Addressee

B. Received by (Printed Name)



C. Date of Delivery



D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

USDC-EP
22 Aug 11
MORE
2:49U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Debra J. Brent		COURT CASE NUMBER JKB-22-1349 <i>KL</i>
DEFENDANT Duncan Cramer		TYPE OF PROCESS Summons and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Duncan Cramer		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 20 Bedford St., Cumberland, MD 21502		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Debra J. Brent 912 Yale St., Cumberland, MD 21502		Number of process to be served with this Form 285 5 Number of parties to be served in this case 5 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):		

Signature of Attorney other Originator requesting service on behalf of: <i>Debra J. Brent</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 240-920-4693	DATE 07/13/2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 7/8	District of Origin No. 031	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk <i>CBrip</i>	Date 7/20/22
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 8/2/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above) \$ 8.00	Signature of U.S. Marshal or Deputy <i>CB</i>	

Costs shown on attached USMS Cost Sheet >>

REMARKS

Service Accepted
Green card returned 8/9/22

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Duncan Cramer
20 Bedford St
Cumberland MD
21502

2. Article Number,

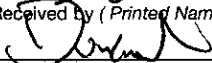
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☒ Addressee

B. Received by (Printed Name)



C. Date of Delivery

8/2

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☒ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes
